



Your completed *Retirement Application* must be received and approved by OPERS at least 60 days before your retirement date. Applications will not be accepted more than six months before your retirement date. Read all the information provided before completing the application. Complete this form in ink. Corrections or alterations, including mark-throughs and use of correction fluid or tape, are not permitted. If a mistake is made, OPERS may reject this form and require a new form to be completed to ensure the form is in accordance with your wishes.

PART 1 – RETIREMENT DATE

I request my retirement to start on the first day of: **Month** _____ **Year** _____

PART 2 – MEMBER INFORMATION

Name (First, Middle, Last)

Social Security number

Mailing address (Street or P.O. Box)

Marital status (check one):

City, State, Zip+4

- Married
- Married, but separated
- Never married
- Widowed
- Divorced

Primary telephone number

Secondary telephone number

Date of birth

Personal email address

PART 3 – TYPE OF RETIREMENT

- Normal retirement
- Early retirement (reduced benefits)

PART 4 – RETIREMENT OPTION

Select one of the following four options and provide joint annuitant or beneficiary information as required in Part 5. All options pay a lifetime benefit to you, the member. The difference between the options is what happens to your benefit after your death. You cannot change your retirement option or joint annuitant on or after your retirement date.

- Maximum Benefit** (Single-Life Annuity) - You will receive a monthly lifetime benefit, but there is no survivor benefit after your death. Continue to Part 6. *For members eligible to retire as an elected official, under the Maximum benefit, if you qualify, your eligible surviving spouse will receive one-half of your benefit amount after your death, subject to certain restrictions. Refer to the provided information on limits to this retirement benefit option.*
- Option A** (Reduced Benefit + 50% Survivor Annuity) - You will receive a reduced monthly lifetime benefit and, after your death, your joint annuitant named in Part 5 will receive a lifetime benefit equaling one-half of the amount you were receiving. Provide your joint annuitant information in Part 5.
- Option B** (Reduced Benefit + 100% Survivor Annuity) - You will receive a reduced monthly lifetime benefit and, after your death, your joint annuitant named in Part 5 will receive a lifetime benefit equaling the same amount you were receiving. Provide your joint annuitant information in Part 5.
- Option C** (Reduced Benefit with a 10-year Term Certain) - You will receive a reduced monthly lifetime benefit, but if you die within 10 years of your retirement date, your beneficiary is entitled to be paid the same benefit amount for the balance of the 10-year period. If you live longer than 10 years after retirement, your beneficiary is not entitled to monthly benefits. You can change your beneficiary at any time by submitting a new Beneficiary Designation – *Option C Survivor Benefits form*. Provide your beneficiary information in Part 5.



PART 5 – JOINT ANNUITANT OR BENEFICIARY INFORMATION

Do not complete this section if you selected the Maximum Benefit in Part 4.

In this section you will name a joint annuitant if you selected Option A or Option B, or a beneficiary if you selected Option C. A joint annuitant under Option A or B will receive your benefit after your death and cannot be changed on or after your retirement date. If your joint annuitant dies before you, your reduced benefit amount will increase to the maximum benefit amount after you submit a death certificate. OPERS cannot retroactively pay benefit increases for more than six months. An Option C beneficiary may be changed at any time by submitting to OPERS a Beneficiary Designation – *Option C Survivor Benefits form*.

I hereby designate the following person as my joint annuitant for Option A or B or beneficiary under Option C.

_____	_____	_____
Joint annuitant or beneficiary's name (First, Middle, Last)	Date of birth	Social Security number
_____		_____
Mailing address (Street or P.O. Box, City, State, Zip+4)		Relationship to member

PART 6 – SPOUSE CONSENT

I am the spouse of the member identified in Part 2. I understand I have the statutory right to survivor's benefits in the form of Option A. I consent to the selection of the benefit selected in Part 4. I understand this benefit cannot be changed on or after the member's effective retirement date. I understand a person named as joint annuitant or beneficiary in Part 5 will be eligible to receive a monthly benefit in the event of my spouse's death. I further understand if I am not named as joint annuitant or beneficiary in Part 5, I am waiving my right to receive a monthly survivor benefit. I am signing this agreement voluntarily. Spouse consent is not required if you name your spouse as joint annuitant under Option A or B.

_____	_____	
Spouse's name (First, Middle, Last)	Social Security number	

Mailing address (Street or P.O. Box, City, State, Zip+4)		
_____	_____	_____
Spouse's signature	Date	Telephone number

PART 7 – SIGNATURE

I certify all information provided on this application is true and correct to the best of my knowledge. I understand the type of retirement selected in Part 3, the type of benefit selected in Part 4, and the joint annuitant named in Part 5 (if applicable) cannot be changed on or after my effective retirement date.

_____	_____
Signature	Date
_____	_____
Print name	Social Security number

PART 8 – RETIREMENT COORDINATOR VERIFICATION

If you previously submitted an *Application for Vested Benefits* with OPERS, this section will not need to be completed.

I certify the member named in Part 2 is an employee of a participating OPERS employer. I certify the information provided is true and correct to the best of my knowledge.

_____	_____
Employer	Employer number
_____	_____
Retirement Coordinator's signature	Date

Member's last date on job:	_____
Member's last date on payroll:	_____
Hours of unused sick leave:	_____
	(enter 0 if no unused sick leave)
Hazardous duty service dates, if applicable:	
Start:	_____ End: _____